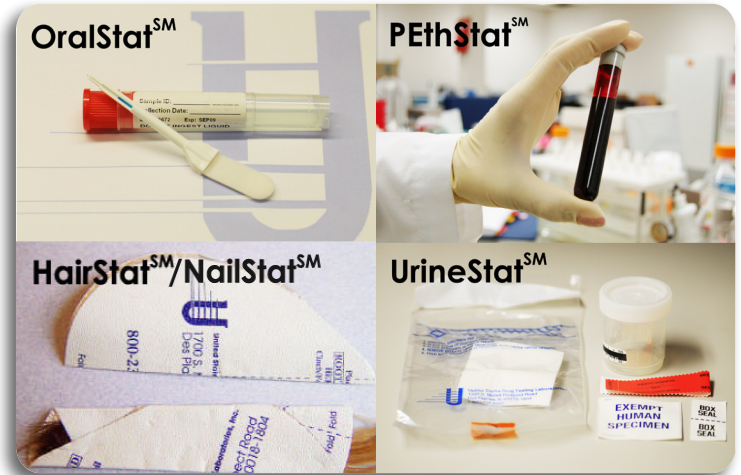


Forensic drug testing requisition form instructions

United States Drug Testing Laboratories drug panels list:

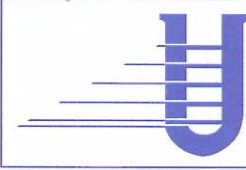
- 5-drug panel: amphetamines, cocaine, opiates, PCP and cannabinoids
- 7-drug panel: 5-drug plus barbiturates and benzodiazepines
- 9-drug panel: 7-drug plus propoxyphene and methadone
- 10-drug panel: 9-drug plus oxycodone
- 12-drug panel: 10-drug plus tramadol and meperidine
- 14-drug panel: 12-drug plus fentanyl and sufentanil
- Confirm only requires annotation of specific drug(s) to confirm. For ChildGuardSM hair analysis, please contact the laboratory.



1. Annotate the donor's ID number. This may be the Social Security number, Driver's License number, Medical Record number, Employee number or any other number of your choosing.
2. Annotate the donor name, last name first (optional). Verify donor identity with a government-issued photo ID.
3. Mark the sample matrix and location (if applicable).
4. Check or annotate the appropriate reason for testing.
5. Annotate the panel to be performed (see drug panel list above).
6. Annotate the collection facility if different from employer/client.
7. **For urine sample only**, annotate the specimen temperature within four minutes of collection. Mark whether split or single collection, and annotate remarks regarding collection if any.
8. The collector dates, signs and prints his/her name.
9. The donor dates, signs and prints his/her name (optional).
10. Collector **must** affix tamper evident (barcoded) container seal(s) from the requisition form. Collector dates the seal(s). Donor initials the seal(s). Be sure to check/match the specimen identification information with the form.
11. Do not mark in this section.



FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



United States Drug Testing Laboratories, Inc.
 1700 S. MOUNT PROSPECT ROAD
 DES PLAINES, ILLINOIS 60018-1804
 847-375-0770 FAX 847-375-0775
 1-800-235-2367
 www.usdtl.com

CONTROL #



3114664

STEP 1: COMPLETED BY COLLECTOR OR AUTHORIZED REPRESENTATIVE

A. ACCOUNT INFORMATION:		B.	
C. Donor SSN or Donor I.D. No. [1]		Picture ID Verified [2]	
D. Donor Name: Last: [2]		First: [2]	
E. Matrix: [3]	<input type="checkbox"/> HairStat SM Location of Hair <input type="checkbox"/> Head Hair <input type="checkbox"/> Body Hair	<input type="checkbox"/> NailStat SM Location of Nail <input type="checkbox"/> Finger <input type="checkbox"/> Toe	<input type="checkbox"/> OralStat SM <input type="checkbox"/> UrineStat SM <input type="checkbox"/> Other
F. Reason for Test: [4]	<input type="checkbox"/> Pre-employment <input type="checkbox"/> Return to Duty	<input type="checkbox"/> Random <input type="checkbox"/> Follow-up	<input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Other (specify) _____
G. Drug Tests to be Performed:		<input type="checkbox"/> ChildGuard SM	
<input type="checkbox"/> Default Profile		<input type="checkbox"/> NoExcuse SM	
		<input type="checkbox"/> EtG/EtS	
		<input type="checkbox"/> EtG500	
		<input type="checkbox"/> PEth	
H. Collection Site Information: [6]		<input type="checkbox"/> Confirm Only	
		<input type="checkbox"/> Other	
		<input type="checkbox"/> 5 Drug Panel	
		<input type="checkbox"/> 7 Drug Panel	
		<input type="checkbox"/> 8 Drug Panel	
		<input type="checkbox"/> 9 Drug Panel	
		<input type="checkbox"/> 10 Drug Panel	
		<input type="checkbox"/> 12 Drug Panel	
		<input type="checkbox"/> 14 Drug Panel	
		<input type="checkbox"/> 15 Drug Panel	

STEP 2: COMPLETED BY COLLECTOR

Read urine specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark [7] (time only)

Specimen Collection: Split Single Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes container seal(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in STEP 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

<input checked="" type="checkbox"/> [8] _____ Signature of Collector	AM PM	SPECIMEN BOTTLE(S) RELEASED TO:
_____	Time of Collection	<input type="checkbox"/> USPS <input type="checkbox"/> FedEx
(Print) Collector's Name (First, MI, Last)	Date (Mo./Day/Yr.)	<input type="checkbox"/> UPS <input type="checkbox"/> Other _____
Name of Delivery Service Transferring Specimen to Lab		

Laboratory Certification

I certify that the specimen received with this form was sealed in the appropriate container with the seal intact, and the identification number and/or name on this form matches that on the specimen, and the specimen was transferred to temporary laboratory storage.

Printed Lab Accessioner's Name [11] _____

Signature of Lab Accessioner Date / /

STEP 5: COMPLETED BY DONOR (OPTIONAL)

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen is correct.


<input checked="" type="checkbox"/> [9] _____ Signature of Donor	_____ (PRINT) Donor's Name (First, MI, Last)	_____ Date (Mo./Day/Yr.)
Daytime Phone No. () _____	Evening Phone No. () _____	Date of Birth / / Mo. Day Yr.




3114664 A
CONTROL NO. [10]



3114664 B
(SPLIT)
CONTROL NO.



USE TO SEAL SPECIMEN



USE TO SEAL SPECIMEN

SPECIMEN SEAL

Date (Mo. Day Yr.)

Donor's Initials

SPECIMEN SEAL

Date (Mo. Day Yr.)

Donor's Initials

PHS55 HAKU - YOU ARE MAKING MULTIPLE COPIES